

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS															
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.									
1							51								
2							52								
3							53								
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43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	2			2			TOTAL IND.								
TOTAL DEP.	18			14			TOTAL DEP.								
TOTAL CLAIMS	20			16			TOTAL CLAIMS								